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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/533,090			ling Date 29/2 00 5	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	Ö	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), c	_	N/A		N/A		N/A			N/A	,	
	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p), o	EE	N/A		N/A	1	N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			l	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	ts of pape 50 (\$125 tional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(j))	l								
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL]	TOTAL				
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	01/16/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ,	Total (37 CFR 1.18(i))	· 32	Minus	 44	= 0	l	x \$ =		OR	X \$52=	0	
١	Independent (37 CFR 1.16(h))	• 3	Minus	··· 5	= 0	H	x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
L		(Column 1)		(Column 2)	(Column 3)	_						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z I	Total (37 CFR 1,16())	*	Minus		=	l	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))	*	Minus	***	-	IJ	x \$ =		OR	x \$ =		
ᇳᆝ	Application Size Fee (37 CFR 1.16(s))					l						
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					H			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
*** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.